

# FIRE & RESCUE EXPOSURE REPORT

**NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**INCIDENT#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

	<b><u>FIRE</u></b>	<b><u>OTHER</u></b>	
<b>INCIDENT TYPE</b> _____	1. Structural	6. EMS	11. Not Listed (explain) _____
	2. Trash/Dumpster	7. Hazmat Spill	
	3. Vehicle	8. Rescue	
	4. Marine	9. Fire Station	
	5. Wildland	10. Training Site	

<b>PRIMARY ACTIVITY</b> _____	1. Extinguishment	7. Hazmat Response	
	2. Search/Rescue	8. Vehicle Extrication	
	3. Ventilation	9. Command	
	4. Salvage	10. Rehabilitation	
	5. Support	11. Undetermined/Not Reported	
	6. Medical Care	12. Other (explain) _____	

<b>PPE: <u>FIRE/RESCUE</u></b>	<b><u>EMS</u></b>	<b><u>HAZMAT</u></b>	<b><u>OTHER</u></b>
_____ 1. Helmet	_____ 1. Gloves: Latex	_____ 1. Level A	_____ 1. Hearing Protection
_____ 2. Coat	_____ 2. Eye Protection	_____ 2. Level B	_____ 2. Not Listed
_____ 3. Trousers	_____ 3. Mask: HEPA	_____ 3. Level C	(explain)
_____ 4. Boots	_____ 4. Mask: Surgical	_____ 4. Level D	
_____ 5. Gloves	_____ 5. Fluid Resistant Clothing		
_____ 6. Hood			
_____ 7. Eye Protection			
_____ 8. SCBA			
_____ 9. Respirator			

<b><u>AREA EXPOSED</u></b>	<b><u>TYPE OF EXPOSURE (EMS)</u></b>
_____ 1. Face/Neck	_____ 1. Airborne
_____ 2. Hand/Arm/Fingers	_____ 2. Skin Infection
_____ 3. Trunk	_____ 3. Blood/Body Fluid Contact
_____ 4. Leg/Foot	_____ 3A. NeedleStick/Sharp
_____ 5. Lungs/Respiratory Tract	_____ 3B. Mucous Membrane
_____ 6. Other (explain) _____	_____ 3C. Intact Skin
	_____ 3D. Non-Intact Skin
	_____ 4. Other (explain) _____

<b>SYMPTOMS:</b>	
_____ 1. None at This Time	_____ 6. Nose/Throat/Lung Irritation
_____ 2. Eyes Burn	_____ 7. Ears Ringing
_____ 3. Cough	_____ 8. Headache
_____ 4. Cuts/Bruises	_____ 9. Skin Irritation/Rash
_____ 5. Dizziness/Nausea	_____ 10. Other (expalain) _____

<b>MEDICAL ATTENTION REQUIRED?</b> Yes _____ No _____	<b>LENGTH OF EXPOSURE:</b> Minutes: _____ <b>OR</b> Hours: _____
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<b>SPECIFIC PRODUCTS/SUBSTANCES/TOXINS (list if known):</b>	<b>TYPE OF AGENT EXPOSED TO:</b>
	_____ 1. Biological
	_____ 2. Chemical
	_____ 3. Physical (Heat/Noise/Radiation)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_